MONTANA [district #]JUDICIAL DISTRICT YOUTH COURT, [county]COUNTY

IN THE MATTER OF: [name of youth], A YOUTH	CAUSE NO. [cause #] ORDER TO WITHHOLD INCOME

TO: [employer's name and address]

Motion for Income Withholding Order having been made by the Special Assistant

Attorney General on behalf of the Department of Corrections Youth Services Division ("DOC"),

supported by an affidavit from DOC,

IT IS HEREBY ORDERED as follows:

1. [parent's name]'s employer as identified above (the "Employer") shall withhold

income for cost-of-care contributions based upon the Income Withholding Order dated [date]as

issued by the Montana Child Support Enforcement Division ("CSED Order") which follows the

child into his/her DOC or Youth Court placement. The Employer shall deduct $ [amount]per

month from [parent's name]'s earnings pursuant to the CSED Order but shall in no event deduct

more than 50% of his/her disposable earnings per week.

2. From the date of this Order until it is terminated by DOC giving notice of termination

to the Employer, Employer shall direct all garnishments of [parent's name]'s earning to the

following address:

Department of Corrections

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Youth Services Division
P. O. Box 201301
Helena, MT 59620-1301

Checks shall be made payable to "MT Dept. of Corrections" and shall note Parent No. [parent #],

CAPS No. [CAPS #].

3. Employer shall notify DOC in writing when [parent's name] no longer works for

Employer, and include the date of separation, last known address, and name of new employer if

known.

4. If Employer fails to withhold income as hereby ordered, Employer is liable for both

the accumulated amount that should have been withheld from [parent's name]'s earnings and any

other penalties set by State law.

DATED this [date] day of [month], 20[year]

_____
[Judge's Name]
DISTRICT COURT JUDGE

cc: [county]County Attorney
Public Defender's Office
Youth Court Services
[parent's name and mailing address]   [employer's name and mailing address]
CSED [insert address]
DOC/RAO